

Attachment F: Proposed Changes to Measures

PROPOSED MODIFICATIONS TO MEASURES

LOCAL HEALTH JURISDICTION VERSION

Understanding Health Issues: Standards for Public Health Assessment

ASSESSMENT Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

ASSESSMENT Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

Number	Measure	Proposed Modifications to Measure
AS 2 ² AS L 2.3.2	The Board of Health receives information on local health indicators at least annually.	Reword: The BOH receives a report annually on a core set of indicators that includes information on communicable disease, environmental health and data about health status. (clarification)
AS 2 ³ AS L 2.4.3	Assessment procedures describe how population level investigations are carried out for documented or emerging health issues and problems.	Reword: There is a planned, systematic process that describes how documented or emerging health issues are identified, assessment data gathered and analyzed, and conclusions drawn regarding actions required. (clarification)
AS 2 ⁵ AS L 2.6.5	A core set of health status indicators, which may include selected local indicators, is used as the basis for continuous monitoring of the health status of the community. A surveillance system using monitoring data is maintained to signal changes in priority health issues.	Reword: A core set of indicators that includes information on communicable disease, environmental health and data about health status is used as the basis for continuous monitoring of the health status of the community. This surveillance system tracks data from year to year to signal changes in priority health issues. (clarification)

ASSESSMENT Standard 3: Public health program results are evaluated to document effectiveness.

Number	Measure	Proposed Modifications to Measure
AS 3 <u>1</u> AS L 3.3.1	The annual report to the BOH includes progress toward program goals.	Reword: There is annual reporting to the BOH regarding progress toward program goals via a single compiled report or a planned calendar of reports. (clarification)
AS 3 <u>2</u> AS L 3.5.2	There is a written procedure for using appropriate data to evaluate program effectiveness. Programs, whether provided directly or contracted, have written goals, objectives, and performance measures, and are based on relevant research.	Reword: There is a planned, systematic process that describes how appropriate data is used to evaluate program effectiveness. Programs, whether provided directly or contracted, have written goals, objectives, and performance measures, and are based on relevant research. (clarification)
AS 3 <u>5</u> AS L 3.8.5	Changes in activities that are based on analysis of key indicator data or performance measurement data are summarized as a part of quality improvement activities.	Reword: There is documentation that programs analyze and use performance monitoring data to change and improve program offerings. (clarification)

ASSESSMENT Standard 4: Health policy decisions are guided by health assessment information, with involvement of representative community members.

Number	Measure	Proposed Modifications to Measure
AS 4 <u>2</u> AS L 4.3.2	The annual report to the BOH summarizes assessment data, including environmental health, and the recommended actions for health policy decisions as evidenced through program, budget, and grant applications.	Reword: Health policy decisions, as evidenced through program, budget, and grant applications, are based upon the core set of indicators data and related recommendations for action that has been reported to the BOH. (clarification)
AS 4 <u>3</u> AS L 4.4.3	There is a written protocol for developing recommendations for action using health assessment information to guide health policy decisions.	Reword: There is a planned systematic process that describes how health assessment data is used to guide health policy decisions. (clarification)

ASSESSMENT Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.

Number	Measure	Proposed Modifications to Measure
AS 5 2 AS L 5.4.2	There are written policies regarding confidentiality. Written policies, including data sharing agreements, govern the use, sharing and transfer of data within the LHJ and with partner agencies. Written protocols are followed for assuring protection of data (passwords, firewalls, backup systems) and data systems.	This may be part of administrative standards in the future.
AS 5 3 AS L 5.4.3	All program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	This may be part of administrative standards in the future.

Protecting People from Disease: Standards for Communicable Disease and Other Health Risks

COMMUNICABLE DISEASE Standard 1: A surveillance and reporting system is maintained to identify emerging health threats.

Number	Measure	Proposed Modifications to Measure
CD 1 1 CD L 1.1.1	Information is provided on how to contact the LHJ to report a public health concern 24 hours per day. Law enforcement has current local and state 24-hour emergency contact lists.	Reword: Information is provided to the public on how to contact the LHJ to report a public health concern 24 hours per day. Law enforcement has current local and state 24-hour emergency contact lists. (consistency with EH 2.1.1)
CD 1 3 CD L 1.3.3	The local BOH receives an annual report, one element of which summarizes communicable disease surveillance activity.	Reword: Reports to the BOH include an annual report of communicable disease surveillance activity and related data from the core set of indicators. (clarification)
CD 1 5 CD L 1.5.5	Communicable disease key indicators and implications for investigation, intervention or education efforts are evaluated annually.	Reword: The core set of indicators relating to communicable disease are analyzed annually, and implications for changes in investigation, intervention or education efforts are identified. (clarification)
CD 1 7 CD L 1.7.7	Staff members receive training on communicable disease reporting, as evidenced by local protocols.	Reword: Staff members receive training on reporting of communicable disease, as evidenced by training documentation. (clarification)

COMMUNICABLE DISEASE Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

Number	Measure	Proposed Modifications to Measure
CD 2 1 CD L 2.1.1	Phone numbers for weekday and after-hours emergency contacts are available to DOH and appropriate local agencies, such as schools and public safety.	Reword: Phone numbers for weekday and after-hours emergency contacts are available to DOH and appropriate local agencies, such as schools and hospitals. (eliminate duplication of law enforcement reference with CD 1.1.1)

COMMUNICABLE DISEASE Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

Number	Measure	Proposed Modifications to Measure
CD 3 ³ CD L 3.4.3	Communicable disease protocols require that investigation begin within 1 working day, unless a disease-specific protocol defines an alternate time frame. Disease-specific protocols identify information about the disease, case investigation steps, reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.	Reword: Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating the investigation), reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes. (reorder to focus on the protocols)
CD 3 ⁴ CD L 3.5.4	An annual evaluation of a sample of communicable disease investigations is done to monitor timeliness and compliance with disease-specific protocols.	Reword: An annual self-audit of a sample of communicable disease investigations is done to monitor timeliness and compliance with disease-specific protocols. (clarification)

COMMUNICABLE DISEASE Standard 4: Urgent public health messages are communicated quickly and clearly and actions are documented.

Number	Measure	Proposed Modifications to Measure
CD 4 ⁴ CD L 4.7.4	Staff who have lead roles in communicating urgent messages have been trained in risk communications.	Reword: All staff that have lead roles in communicating urgent messages have been trained in risk communications. (reduce duplication with EH 2.7.5, clarify application across program areas)

COMMUNICABLE DISEASE Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

Number	Measure	Proposed Modifications to Measure
CD 5 ² CD L 5.3.2	Findings and policy recommendations for effective response efforts are included in reports to the BOH.	Reword: Recommendations based on the outbreak evaluation and recommendations for effective response efforts are reported to the BOH. (clarification)
CD 5 ³ CD L 5.4.3	Local protocols are revised based on local review findings and model materials disseminated by DOH.	Reword: Local protocols are revised based on outbreak evaluation findings or model materials disseminated by DOH. (clarification)

Number	Measure	Proposed Modifications to Measure
CD 5 6 CD L 5.8.6	A debriefing process for review of response to public health threats or disease outbreaks is included in the quality improvement plan and includes consideration of surveillance, staff roles, investigation procedures, and communication.	Reword: There is documentation that the outbreak evaluation findings are utilized for process improvement, including consideration of the surveillance process, staff roles, investigation procedures and communication efforts. (clarification)

Assuring a Safe, Healthy Environment for People: Standards for Environmental Health

ENVIRONMENTAL HEALTH Standard 1: Environmental health education is a planned component of public health programs.

Number	Measure	Proposed Modifications to Measure
EH 1 5 EH L 1.7.5	Staff members conducting environmental health education have appropriate skills and training.	Reword: Staff members conducting health education sessions and courses regarding environmental health issues have appropriate health education skills and training. (clarification)

ENVIRONMENTAL HEALTH Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

Number	Measure	Proposed Modifications to Measure
EH 2 1 EH L 2.1.1	Information is provided to the public on how to report environmental health threats or public health emergencies, 24 hours a day; this includes a phone number.	Reword: Information is provided to the public on how to contact local jurisdictions to report environmental health threats or public health emergencies, 24 hours a day; this includes a phone number. (consistency with CD 1.1.1)
EH 2 3 EH L 2.4.3	Procedures are in place to monitor access to services and to evaluate the effectiveness of emergency response plans. Findings and recommendations for emergency response policies are included in reports to the BOH.	Reword: Procedures are in place to monitor public access to needed health care during an emergency response. The debriefing evaluation includes review of how well the public was able to access services. The findings and recommendations from the debriefing evaluation are provided to the BOH. (clarification)
EH 2 5 EH L 2.7.5	Key staff members are trained in risk communication and use of the LHJ emergency response plan.	Reword: All staff members are trained in the LHJ emergency response plan and their internal roles as described in the plan. (eliminate duplication with CD 4.7.4, refocus on emergency response training)

ENVIRONMENTAL HEALTH Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded and reported.

ENVIRONMENTAL HEALTH Standard 4: Compliance with public health regulations is sought through enforcement actions.

Number	Measure	Proposed Modifications to Measure
EH 4 3 EH L 4.5.3	There is a documented process for periodic review of enforcement actions.	Reword: An annual self-audit of a sample of environmental health case files is done to monitor timeliness and compliance with enforcement procedures. (clarification)

Prevention is Best: Promoting Healthy Living: Standards for Prevention and Community Health Promotion

PREVENTION AND PROMOTION Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

Number	Measure	Proposed Modifications to Measure
PP 1 1 PP L 1.2.1	Prevention and health promotion priorities are selected with involvement from the BOH, community groups and other organizations interested in the public's health.	Reword: Prevention and health promotion priorities are selected with involvement from community groups and other organizations interested in the public's health. (delete duplication of BOH mention in PP 1.3.2)

PREVENTION AND PROMOTION Standard 2: Active involvement of community members is sought in addressing prevention priorities.

Number	Measure	Proposed Modifications to Measure
PP 2 1 PP L 2.2.1	The LHJ provides leadership in involving community members in considering assessment information to set prevention priorities.	Reword: The LHJ provides leadership in involving community members and includes a broad range of community partners in considering assessment information to set prevention priorities. (eliminate duplication of PP 2.2.2)
PP 2 2 PP L 2.2.2	A broad range of community partners takes part in planning and implementing prevention and health promotion efforts to address selected priorities for prevention and health promotion.	Delete (eliminate duplication)

PREVENTION AND PROMOTION Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.

Number	Measure	Proposed Modifications to Measure
PP 3 4 PP L 3.7.4	Staff have training in program evaluation methods as evidenced by training documentation.	Delete (eliminate duplication of AS 3.7.4)

PREVENTION AND PROMOTION Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

PREVENTION AND PROMOTION Standard 5: Health promotion activities are provided directly or through contracts.

Number	Measure	Proposed Modifications to Measure
PP 5 ¹ PP L 5.1.1	Health promotion activities are provided directly by LHJs or by contractors and are intended to reach the entire population or at-risk populations in the community.	Reword: Health promotion activities intended to reach the entire population or at-risk populations in the community are provided directly by LHJs or by contractors. (clarification)

Helping People Get the Services They Need: Standards for Access to Critical Health Services

ACCESS Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

Number	Measure	Proposed Modifications to Measure
AC 1 ¹ AC L 1.1.1	Up-to-date information on local critical health services is available for use in building partnerships with community groups and stakeholders.	Reword: Up-to-date analysis of local critical health services is available for use in building partnerships with community groups and stakeholders. (clarification)

ACCESS Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

Number	Measure	Proposed Modifications to Measure
AC 2 ² AC L 2.5.2	Gaps in access to critical health services are identified using periodic survey data and other assessment information.	Reword: Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other data tracking. (clarification)

ACCESS Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

ACCESS Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored and reported.

PROPOSED ALTERATIONS TO STANDARDS AND MEASURES

DEPARTMENT OF HEALTH PROGRAM VERSION

Understanding Health Issues: Standards for Public Health Assessment

ASSESSMENT Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

ASSESSMENT Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

Number	Measure	Proposed Modified Language
AS 2 2 AS s 2.6.2	A core set of health status indicators is used as the basis for continuous monitoring of the health status of the state, and results are published at scheduled intervals. A surveillance system using monitoring data is maintained to signal changes in priority health issues.	Reword: A core set of indicators that includes information on communicable disease, environmental health and data about health status is regularly published and used as the basis for continuous monitoring of the health status of the state. This surveillance system tracks data from year to year to signal changes in priority health issues. (clarification)
AS 2 3 AS s 2.4.3	Written procedures describe how population level investigations are carried out in cooperation with LHJs in response to known or emerging health issues. The procedures included expected time frames for response.	Reword: There is a planned, systematic process that describes how documented or emerging health issues are identified, assessment data gathered and analyzed, LHJs involved as appropriate, and conclusions drawn regarding actions required. (clarification)

ASSESSMENT Standard 3: Public health program results are evaluated to document effectiveness.

Number	Measure	Proposed Modified Language
AS 3 2 AS s 3.4.2	Programs administered by the DOH have written goals, objectives and performance measures, and are based on relevant research. There is a written protocol for using appropriate data to evaluate program effectiveness.	Reword: There is a planned, systematic process that describes how appropriate data is used to evaluate DOH program effectiveness. Programs, whether provided directly or contracted, have written goals, objectives, and performance measures, and are based on relevant research. (clarification)
AS 3 4 AS s 3.7.4	State and LHJ staff members have been trained on program evaluation as evidenced by documentation of staff training.	Keep this one. (PP s 3.7.3 and PP L 3.7.4 are duplicates and recommended for deletion)

Number	Measure	Proposed Modified Language
AS 3 5 AS s 3.8.5	Changes in activities that are based on analysis of key indicator data or performance measurement data are summarized as a part of quality improvement activities.	Reword: There is documentation that programs analyze and use performance monitoring data to change and improve program offerings. (clarification)

ASSESSMENT Standard 4: Health Policy decisions are guided by health assessment information, with involvement of representative community members.

Number	Measure	Proposed Modified Language
AS 4 2 AS s 4.4.2	There is a written protocol for using health assessment information to guide health policy decisions.	Reword: There is a planned systematic process that describes how health assessment data is used to guide health policy decisions. (clarification)

ASSESSMENT Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.

Number	Measure	Proposed Modified Language
AS 5 2 AS s 5.4.2	There are written policies, including data sharing agreements, regarding confidentiality that govern the use, sharing and transfer of data within the DOH and among the DOH, LHJs and partner agencies. Written protocols are followed for assuring protection of data (passwords, firewalls, backup systems) and data systems.	This may be part of administrative standards in the future.
AS 5 3 AS s 5.5.3	All program data are submitted to local, state, regional and federal agencies in a confidential and secure manner.	This may be part of administrative standards in the future.

Protecting People from Disease: Standards for Communicable Disease and Other Health Risks

COMMUNICABLE DISEASE Standard 1: A surveillance and reporting system is maintained to identify emerging health threats.

Number	Measure	Proposed Modified Language
CD 1 1 CD s 1.1.1	Information is provided to the public on how to contact the DOH to report a public health concern 24 hours per day. Law enforcement has current state 24-hour emergency contact lists.	No change- included for reference only. (see changes to CD L 2.1.1 and EH L 2.1.1)
CD 1 6 CD s 1.7.6	Staff members receive training on communicable disease reporting, as evidenced by protocols.	Reword: Staff members receive training on reporting of communicable disease, as evidenced by training documentation. (clarification)

COMMUNICABLE DISEASE Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

COMMUNICABLE DISEASE Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

Number	Measure	Proposed Modified Language
CD 3 2 CD s 3.4.2	DOH leads statewide development and use of a standardized set of written protocols for communicable disease investigation and control, including templates for documentation. Disease-specific protocols identify information about the disease, case investigation steps, reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.	Reword: DOH leads statewide development and use of a standardized set of written protocols for communicable disease investigation and control, including templates for documentation. Disease-specific protocols identify information about the disease, case investigation steps (including timeframes for initiating investigations), reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes.
CD 3 3 CD s 3.5.3	An annual evaluation of a sample of state communicable disease investigation and consultations is done to monitor timeliness and compliance with disease-specific protocols.	Reword: An annual self-audit of a sample of DOH communicable disease investigations is done to monitor timeliness and compliance with disease-specific protocols. (clarification)

COMMUNICABLE DISEASE Standard 4: Urgent public health messages are communicated quickly and clearly and actions documented.

Number	Measure	Proposed Modified Language
CD 4 5 CD s 4.7.5	Staff members with lead roles in communicating urgent messages have been trained in risk communication.	Reword: All staff that have lead roles in communicating urgent messages have been trained in risk communications. (reduce duplication with EH 2.7.5, clarify application across program areas)

COMMUNICABLE DISEASE Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

Number	Measure	Proposed Modified Language
CD 5 6 CD s 5.8.6	A debriefing process for review of response to public health threats or disease outbreaks is included in the quality improvement plan and includes consideration of surveillance, staff roles, investigation procedures, and communication.	Reword: There is documentation that the outbreak evaluation findings are utilized for process improvement, including consideration of the surveillance process, staff roles, investigation procedures and communication efforts. (clarification)

Assuring a Safe, Healthy Environment for People: Standards for Environmental Health

ENVIRONMENTAL HEALTH Standard 1: Environmental health education is a planned component of public health programs.

Number	Measure	Proposed Modified Language
EH 1 6 EH s 1.7.6	Staff members conducting environmental health education have appropriate health education skills and training as evidenced by job descriptions, resumes or training documentation.	Reword: Staff members conducting environmental education sessions and courses have appropriate health education skills and training as evidenced by job descriptions, resumes or training documentation. (clarification)

ENVIRONMENTAL HEALTH Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

Number	Measure	Proposed Modified Language
EH 2 1 EH s 2.1.1	Information is provided to the public on how to report environmental health threats or public health emergencies, 24 hours a day; this includes a phone number.	No change-included for reference only. (see CD L 1.1.1)
EH 2 3 EH s 2.4.3	Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness. Procedures are in place to monitor access to services and to evaluate the effectiveness of emergency response plans. Policies are revised based on event debriefing findings and recommendations.	Reword: Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness. Procedures are in place to monitor the public's access to health care services during an emergency response. Policies are revised based on event debriefing findings and recommendations. (clarification)
EH 2 5 EH s 2.7.5	All DOH program staff are trained in risk communication and use of the DOH emergency response plan, as evidenced by training documentation.	Reword: All staff members are trained in the DOH emergency response plan and their internal roles as described in the plan. (eliminate duplication with CD 4.7.4, refocus on emergency response training) As referenced on pages and

ENVIRONMENTAL HEALTH Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded and reported.

Number	Measure	Proposed Modified Language
EH 3 1 EH s 3.2.1	Coordination is provided in development of data standards for environmental health indicators. Information based on the surveillance system is developed and provided to LHJs and other state stakeholders.	Reword: The development of data standards for environmental health indicators is coordinated with LHJs and other stakeholders. (recombines these two measures to focus on separate aspects and reduce duplication)

Number	Measure	Proposed Modified Language
EH 3 2 EH s 3.6.2	A statewide surveillance system is in place to receive, record and report key indicators for environmental health risks and related illnesses. Results are tracked and trended over time and reported regularly. A system is in place to assure that data is transferred routinely to local, state and regional agencies.	Reword: The development of data standards for environmental health indicators is coordinated with LHJs and other stakeholders. (recombines these two measures to focus on separate aspects and reduce duplication)

ENVIRONMENTAL HEALTH Standard 4: Compliance with public health regulations is sought through enforcement actions.

Number	Measure	Proposed Modified Language
EH 4 4 EH s 4.4.4	There is a documented process for periodic review of enforcement action.	Reword: An annual self-audit of a sample of environmental health case files is done to monitor timeliness and compliance with enforcement procedures. (clarification)

Prevention is Best: Promoting Healthy Living: Standards for Prevention and Community Health Promotion

PREVENTION AND PROMOTION Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

PREVENTION AND PROMOTION Standard 2: Active involvement of community members is sought in addressing prevention priorities.

Number	Measure	Proposed Modified Language
PP 2 1 PP s 2.1.1	The DOH provides leadership in involving stakeholders in considering assessment information to set prevention and health promotion priorities.	Reword: The DOH provides leadership in involving community members and includes a broad range of community partners in considering assessment information to set prevention priorities. (eliminate duplication of PP 2.2.2)
PP 2 2 PP s 2.2.2	A broad range of partners takes part in planning and implementing prevention and health promotion efforts to address selected priorities for prevention and health promotion.	Delete (eliminate duplication) (see PP L 2.2.1 and PP s 2.1.1)
PP 2 3 PP s 2.2.3	Information about community mobilization efforts for prevention priorities is collected and shared with LHJs and other stakeholders.	Reword: DOH collects information about successful community mobilization efforts led by DOH, LHJs or other stakeholders as a part of prevention programs. These examples are shared with other DOH programs, LHJs and stakeholders.

PREVENTION AND PROMOTION Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.

Number	Measure	Proposed Modified Language
PP 3 3 PP s 3.7.3	DOH staff members have training in program evaluation methods as evidenced by training documentation.	Delete (eliminate duplication of AS 3.7.4)

PREVENTION AND PROMOTION Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

PREVENTION AND PROMOTION Standard 5: Health promotion activities are provided directly or through contracts.

Number	Measure	Proposed Modified Language
PP 5 1 PP s 5.1.1	Health promotion activities are provided directly by DOH or by contractors, and are intended to reach the entire population or at risk populations in the community.	Reword: Health promotion activities intended to reach the entire population or at-risk populations in the community are provided directly by DOH or by contractors. (clarification)

Helping People Get the Services They Need: Standards for Access to Critical Health Services

ACCESS Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

ACCESS Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

Number	Measure	Proposed Modified Language
AC 2 3 AC s 2.6.3	Gaps in access to critical health services are identified using periodic survey data and other assessment information.	Reword: Gaps in access to critical health services are identified through analysis of the results of periodic surveys and other data tracking. (clarification)
AC 2 4 AC s 2.7.4	Periodic studies regarding workforce needs and the effect on critical health services are conducted, incorporated into the gap analysis and disseminated to LHJs and other agencies.	

ACCESS Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

ACCESS Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored and reported.